

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470

LOBBYIST REGISTRATION FORM

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(Type or Print Clearly)				
PART I LOBBYIST			The Late of the Paris	- They see
NAME(Last)	(First)	(Middle)	······································	TELEBRIONE
G00	WILLIAM	L		TELEPHONE (808)521-2661
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
1188 Bishop Street,	Suite 1805	Honolulu	HI	96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE				
Suzuki & Goo, Attorn	neys, A Law Corpora	ation	•	(808) 521-2661
'AAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
1188 Bishop Street,	Suite 1805	Honolulu	HI	96813
PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOB				TELEPHONE
Brown and Williamson	Tobacco Corporati	on		(502)568-7155
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
401 S. Fourth Avenue		Louisville	KY	40202
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT TELEPHONE				
Patrick Stone, Senio	r Manager, Governm	nent Affairs		(502)568-7155
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
P.O. Box 35090		Louisville	KY	40202
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture	Education	Human Services	☐ S E	cience, Technology & conomic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental F International Affairs	Relations, T	ourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	nt T	ransportaion
Culture, Arts, Historic Preservation	Health	Planning, Land & W Use Management		Other: (indicate below) Tobacco related
Ecology, Energy, Environmental Protection	Housing	Public Safety & Cor	rections	issues
PART IV CERTIFICATION OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
UO (9		2/7/0	ا د
(Sig	gnature of Lobbyist)		(Date)
PART V AUTHORIZATION	TO LOBBY		· · · · · · · · · · · · · · · · · · ·	
NAME		TITLE OF AUTHORIZING	OFFICER OR PE	RSON REPRESENTED
Patrick Stone		Senior Manager,	Governmen	t Affairs
NAME OF ORGANIZATION (if applica	ble)			TELEPHONE
Brown and Williamson	Tobacco Corporati	.on		(502)568-7155
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
P.O. Box 35090		Louisville	KY	40202
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.				
2/3/3				
(Signature of Authori	zing Officer or Person Represen	ited)	2/ / CDate	9)